2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004
Secretary of State

DOCUMENT# N00000002176

Entity Name: MADISON COUNTY SCHOOL READINESS COALITION, INC.

Current Principal Place of Business:

312 NE DUVAL STREET
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

312 NE DUVAL STREET
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-3723458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAY, LUCILLE
312 NE DUVAL STREET
MADISON, FL 32340

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VCD	( ) Delete
Name:	CLEMONS, CHERYL	
Address:	1001 SOUTH RANGE ST.	
City-St-Zip:	MADISON, FL 32340	
Title:	S	( ) Delete
Name:	CHERRY, MISSY	
Address:	P O BOX 831	
City-St-Zip:	MADISON, FL 32340	
Title:	D	( ) Delete
Name:	ALLBRITTON, KIMBERLY	
Address:	PO BOX 568	
City-St-Zip:	GREENVILLE, FL 32331	
Title:	D	( ) Delete
Name:	DAY, LUCILLE	
Address:	312 NE DUVAL ST	
City-St-Zip:	MADISON, FL 32340	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL CLEMONS VCD 02/18/2004

Electronic Signature of Signing Officer or Director — Date